



STATE OF ARIZONA  
**PARTICIPATING CANDIDATE'S APPLICATION  
TO RECEIVE FUNDS AND  
QUALIFYING CONTRIBUTIONS REPORT**  
*Pursuant to Arizona Revised Statutes §16-950*

OFFICE USE ONLY

FILERID

NAME OF CANDIDATE		OFFICE SOUGHT	
ADDRESS (NUMBER & STREET)	CITY	STATE	ZIP
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRESS	
CANDIDATE'S PARTY AFFILIATION (if any)			
NAME OF CANDIDATE'S COMMITTEE			
COMMITTEE'S ADDRESS	CITY	STATE	ZIP
COMMITTEE'S PHONE #	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL ADDRESS	

**REALLOCATION OPTION:** A participating candidate for legislature in a one-party dominant legislative district who is qualified for the party primary election of the dominant party may elect to reallocate a portion of funds from the general election period to the primary election period (A.R.S. §16-952(D). If you believe that you are eligible and you wish to choose this option, please place a "YES" in the box to the right.

I WISH TO  
REALLOCATE:

**SELECT THE BOX THAT APPLIES:**

- A. ☐ The Candidate is proceeding as an independent.
- B. ☐ The Candidate is applying to qualify for funding for a party primary of a political organization entitled to continued representation on the official ballot as prescribed in A.R.S. §16-804.
- C. ☐ The Candidate is applying to qualify for funding for a general election as a party's nominee of a political organization entitled to continued representation on the official ballot as prescribed in A.R.S. §16-804.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Entry

Number of non-duplicative qualifying contributions received (enclosed list sorted by county)(A.R.S. §16-950(B)):	
Number of original qualifying contribution reporting slips enclosed(see A.R.S. §16-950(B) and A.R.S. §16-946(C)):	
Sum of qualifying contributions collected (Candidate's or Committee's check or money order for an amount equal to the sum of qualifying contributions is enclosed) (A.R.S. §16-950(B)):	\$

I hereby certify that this Application to Receive Funds and Qualifying Contributions Report, and accompanying materials to this statement, are true and complete to the best of my knowledge and belief.

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_